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JUN 3 0 2015 S. YOUNG

COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	5D'S INCO	RPORATED LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		DOUGLAS B BAGGETT					
	Name of Person						
			Firm/Company				
815 LINDEN AVENUE							
			Address				
		NICEVILLE, FL 32578					
			City/State and Zip Code				
		PREMIERFINACCSVC@A					
		E-mail address: (to be used for future annual report notification	on) on			
For further in	nformation c	oncerning this matter, please ca	all:		ļ		
MICHAEL '			850 428-0005 at ()	28			
	Name o	f Person	Area Code Daytime Tele	ephone Number			
Enclosed is a	check for th	ne following amount:		5-1711 23			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5D'S INCORPORATED LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0.000}{10000000000000000000000000000000$	5/14/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 10 O
Principal office address MUST BE A STREET ADDRESS)	
	5 5
	29
Enter new mailing address, if applicable:	ale a o
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address o	n our records, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	DENISE A BAGGETT	815 LINDEN AVENUE	□ Add
		NICEVILLE, FL 32578	Remove
			Change
MGRM	MICHAEL D BAGGETT	815 LINDEN AVENUE	
		NICEVILLE, FL 32578	Remove
			Change
			のAdd
			□ Remove
			☐ Change
			Remove
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		ALIE 100 (100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Remove
			☐ Change

Effective date, if other than the date of filing: [In an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 16/03. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. When the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed. Dated JUNE 19 2015 Signature of a mysfley or authorized representative of a member							
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Page 3 of 3

Filing Fee: \$25.00